

APPLICATION DATA SHEET

Application Information

Application Type::	Regular
Subject Matter::	Utility
Title::	PROTEASE INHIBITORS OF THE COAGULATION CASCADE ISOLATED FROM <i>DYSIDEA</i> SPONGES
Attorney Docket Number::	PHA 4185.3 (3478/1A/US)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	3
Small Entity?::	No
Secrecy Order in Parent?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	France
Status::	Full Capacity
Given Name::	Gilles
Middle Name::	H.
Family Name::	Goetz
City of Residence::	Chesterfield
State or Province of Residence::	MO
Country of Residence::	US
Street of Mailing Address::	14371 Lake Tahoe
City of Mailing Address::	Chesterfield
State or Province of Mailing Address::	MO
Postal Code of Mailing Address::	63017

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: George
Middle Name:: G.
Family Name:: Harrigan
City of Residence:: St. Louis
State or Province of Residence:: MO
Country of Residence:: US
Street of Mailing Address:: 1768 Sprucedale Drive
City of Mailing Address:: St. Louis
State or Province of Mailing
Address:: MO
Postal Code of Mailing Address:: 63146

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: J.
Family Name:: Likos
City of Residence:: St. Louis
State or Province of Residence:: MO
Country of Residence:: US
Street of Mailing Address:: 9837 Hudson Avenue
City of Mailing Address:: St. Louis
State or Province of Mailing
Address:: MO
Postal Code of Mailing Address:: 63119

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: US
 Status:: Full Capacity
 Given Name:: Thomas
 Middle Name:: P.
 Family Name:: Kasten
 City of Residence:: O'Fallon
 State or Province of Residence:: IL
 Country of Residence:: US
 Street of Mailing Address:: 537 Milburn School Road
 City of Mailing Address:: O'Fallon
 State or Province of Mailing Address:: IL
 Postal Code of Mailing Address:: 62269

Correspondence Information

Correspondence Customer Number:: 000321

Representative Information

Representative Customer Number:: 000321

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Divisional	10/307,803	12-02-02
10/307,803	Non-Provisional of	60/341,527	12-17-01

Assignee Information

Assignee Name:: Pharmacia Corporation